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Christel House Academy

Application for Enrollment

ALL APPLICATIONS MUST BE COMPLETE TO BE CONSIDERED.

PLEASE PRINT OR TYPE. FILL OUT ONE APPLICATION PER STUDENT.

Applicant's Name: First Middle Last
Date of Birth _____ Age _____ Male Female Grade as of Sept. 2001 K 1 2 3 4 5 6

Applicant's Home Address Phone

City State Zip
Present School _____ Present Grade _____ Social Security Number _____ - _____ - _____

Brothers and sisters if applying – Please complete one form for each sibling applying.

Name _____ Age _____ Grade Sept. 2001 _____ Present School _____

Name _____ Age _____ Grade Sept. 2001 _____ Present School _____

Name _____ Age _____ Grade Sept. 2001 _____ Present School _____

Family Information:

Mr. Mrs. Ms. _____
Parent / Guardian's Full Name Relationship to Applicant

Home Address/ if different than applicant Home Phone/if different than applicant Work Phone Number

Mr. Mrs. Ms. _____
2nd Parent / 2nd Guardian's Full Name Relationship to Applicant

Home Address/ if different than applicant Home Phone/if different than applicant Work Phone Number

Please send completed application to:

Christel House Academy
Admissions Office
10 West Market Street, Suite 1990
Indianapolis, IN 46204

Signature of Parent / Guardian Today's Date